### **CONTRACTORS LICENSING BOARD**

### 4100 Richards Road North Little Rock, AR 72117 501-372-4661 Fax 501-372-2247

## Name Change Request Form

	As it <b>NOW</b> appears on your Contractor's License)				
Company Name					
Previous Address					
Previous Address					
Federal ID Number	Social Security Number				
	-				
A COMPANY NAME OF A VOED TO	A ', 11/11 I				
	As it WILL appear on your Contractor's License)				
Company Name					
New Address					
Federal ID Number	Social Security Number				
A TO	FIDAVIT				
Ari	SIDAVII				
T	hains duly arram danages and sarra That all				
Owner/Officer/Partner	, being duly sworn, deposes and says: That all				
	become a part of the present valid application on file. That the				
	ing Board and/or Contractors Residential Committee for the				
	depository, vendor or other agency herein named is hereby				
	or Contractors Residential Committee with any information				
necessary to verify these statements.					
	0. (0.00				
CTATE OF	Owner/Officer/Partner				
STATE OF					
COUNTY OF					
Subscribed and Sworn to before me, a Notary Public, this	day of, 20				
My Commission Expires	Notary Public / Seal				

## Name Change or Transfer

A name change is simply amending the existing entity's name with no change in the actual business structure, which means you CAN NOT DISSOLVE the existing entity and transfer the license to an already existing or newly formed entity.

**WARNING:** In general, licenses are NOT transferable from one entity to another. However, there are LIMITED exceptions where a transfer might be possible in the following situations:

- (1) A Sole Proprietorship CONVERTING to a Corporation or an LLC or a Partnership.
- (2) A Corporation CONVERTING to an LLC or a Partnership or a Sole Proprietorship.
- (3) An LLC CONVERTING to a Corporation or a Partnership or a Sole Proprietorship.
- (4) A Partnership CONVERTING to a Corporation or an LLC or a Sole Proprietorship.
- (5) A MERGER, the unlicensed entity can be the survivor.

# If you are a Name Change, Conversion or Merger then execute the following: Name Change Request Form

Provide copies of all supporting documents from your Secretary of State's office.

You will also need to furnish an updated Certificate of Insurance verifying Workers Compensation insurance for the new entity.

A list will need to be provided from those that have Converted or Merged of anyone that owns 10% or more of the company and a current list of officers, members or partners.

#### **Bond Requirements**

If there has been no change in the Federal ID number then an endorsement rider for your \$10,000 Contractors Bond is needed to amend your name.

A new bond is required if there has been a change in the Federal ID number.

#### **Financial Requirements**

If it is also time to renew your license, commercial licensees that have Converted or Merged will need to furnish a letter from their CPA stating *the assets and liabilities of the previous entity were transferred to the new entity at the time of inception*. This letter is in addition to the financial statement.

If the change is mid-year then the only financial information needed will be the letter of transfer.

#### **Residential Licenses Only**

This office will mail to those licensees that have Residential only, a special statement to sign and notarize concerning your financial statement.

ANY OTHER SITUATION WILL REQUIRE A NEW APPLICATION

## INSTRUCTIONS FOR COMPLETION OF THE \$10,000 CONTRACTORS BOND

This bond is required only of applicants for a **commercial license**.

**Only this prescribed form will be accepted.** Any alterations to this form must have prior approval from the Contractors Licensing Board.

Your company name (Principal) **must match exactly** as it will appear, or does appear, on your Contractors License.

An owner, officer, member or partner must sign the bond form as Principal before mailing.

**All** Principal, Surety and Agent information requested on this form must be provided.

Any change in your Federal Employer Identification Number requires a new bond to be executed. Any change in your address requires an endorsement rider from your agent. Any change in your company's name will require other documentation, \*\*please call for instructions first.

\*\*If you are having difficulties obtaining this bond, your only other options are filing a cash bond or an Irrevocable Letter of Credit from your bank.

#### **ATTENTION AGENTS**

An Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department must execute this bond. A copy of your license must be attached.

The bond may be executed solely by the surety company. An underwriter that works directly for the surety need only to sign as Attorney-in-Fact and type under your signature that you are a "direct underwriter".

\*\*Contact Phyllis Isham at 501-371-1505 or phyllis.isham@arkansas.gov for more information.



## \$10,000 CONTRACTOR'S BOND

#### Required by A.C.A. § 17-25-401

		Effective Date					
STATE OF ARKANSAS		Bond Number					
WHEREAS, under the terms of A.C.A. § 17 Contractors Licensing Board a corporate su seq.							
WHEREAS, every such contractor is requir promulgated by the Contractors Licensing F contracts in the State of Arkansas:							
NOW, therefore, we, the undersigned,				MAIN D. T.			
	Principal	rincipal's Company Name As You Will Be Licensed					
Principal Business Address (Physical)	City	St	ate	Zip Code	Telephone Number		
as principal, andSurety's Name							
Surety Address	City	S	tate	Zip Code	Telephone Number		
as surety, are held firmly bound to the State which we bind ourselves, our heirs, assigns, undersigned principal shall promptly pay arthis obligation shall be null and void; otherwishes under the surety reserves, however, the right to caprincipal and to the State (Contractors Licentrical)	executors and my amount of r wise, it shall b ancel the above	d administrators, jo money due as prov e in full force and	ointly ided i effect	and severally n A.C.A. § 17	y, conditioned that if the 7-25-401, et. seq., then		
Agent's/Broker's/Producer's Company Name		Principal's Signature (Owner, Officer, Partner, Member)					
Mailing Address and Telephone Number		Title					
City/State/Zip Code		Principal's Federal I.D. and/or Social Security Number					
Agent's/Broker's/Producer's Signature		Attorney-in-Fact's Signature					

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO: Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117